

Case Number:	CM13-0008570		
Date Assigned:	12/11/2013	Date of Injury:	04/01/2012
Decision Date:	04/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 78-year-old gentleman who was injured in a work related accident on April 1, 2002. He sustained multiple body injuries. Recent clinical assessment for review dated July 16, 2013 indicated ongoing complaints of impingement of the right shoulder with rotator cuff syndrome as well as complaints of neck and elbow pain. He was complaining of frequent severe numbness to the right arm with physical examination showing positive impingement, 4/5 rotator cuff strength with 60 degrees of external rotation and no documentation of findings to the neck or elbow noted. Radiographs of the shoulder on that date revealed a type II acromion with degenerative changes and AC joint osteoarthritis. Given the claimant's diagnosis of rotator cuff syndrome and impingement, continuation of physical therapy was recommended for the claimant's cervical spine, right elbow and right shoulder for twelve additional sessions. Further clinical imaging is not noted. There is no documentation of other forms of treatment that has been rendered in regards to the claimant's multiple body complaints.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY FOR THE CERVICAL SPINE, RIGHT ELBOW, AND RIGHT SHOULDER; QTY: 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy at this stage in chronic course of care would not be indicated. The claimant's current physical examination and current working diagnoses do not include the elbow or neck. In absence of documented findings to the neck and the elbow, there would be no indication as to why advancement to a home exercise program would be unable to occur. While Guideline criteria do recommend the role of physical therapy in the chronic setting, it does so for symptomatic flare and progressive findings. The absence of the above in this case would fail to necessitate the acute need of therapy at this stage in clinical course.